

SOUTH CAROLINA -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Absence of comprehensive statewide information, assistance, and referral system.
- Lack of an infrastructure to support consumer-directed care options.
- Lack of appropriate and adequate supports in the community.
- Absence of housing and transportation options to transition persons out of facilities and to support independent living choices.
- Availability of services is often funding-driven and dependent upon diagnosis rather than need, and the design/development of services is agency driven, not consumer driven.
- Worker shortages and lack of appropriately trained personnel affect the availability and quality of services.
- State nurse delegation rules and quality of care issues pose barriers to more consumer-directed care.
- Availability of services is inadequate; inadequate supports for caregivers.

Perceived Strengths

- Experience with the development of successful waiver programs such as the Elderly/Disabled Waiver Program.
- Existence of a national model of de-institutionalization which is a planned process of developing community housing and support services, transitioning patients, and then moving former hospital funds to the community.
- Ongoing initiatives to increase consumer direction (by transferring resources, care planning, and service acquisition to the consumer) and deinstitutionalization of appropriate persons.
- State health and human service agencies, through their involvement in the development of the state's Olmstead Plan, have developed values similar to those of advocacy groups regarding the development of the home and community service delivery system.
- Several state agencies have experience in the development and implementation of information systems to assist consumers to obtain community-based services.

Primary Focus of Grant Activities

- Develop, implement, and maintain a comprehensive information, referral, and assistance system.
- Create an infrastructure to support more consumer-directed services.

Goals, Objectives, and Activities

Overall Goal. Increase access to information about home and community services and create an infrastructure to support consumer-directed services.

Goal. Improve the accessibility of information about services and resources in the community for children and adults with disabilities: *SC Access*.

Objectives/Activities:

- Develop a comprehensive statewide information and referral system by creating a link between existing networks (e.g., Aging Networks and Medicaid waiver offices, SCDDSN, and SCDMH networks and private partner/advocacy networks).
- Develop a computerized, comprehensive database of providers, services, and areas of interest accessible from multiple points.
- Train and certify selected staff to become Information Resource Specialists.
- Evaluate consumer satisfaction using tools developed by the Administration on Aging.

Goal. Create an infrastructure to support more consumer-directed services: *SC Choice*.

Objectives/Activities

- Develop state level policies and procedures to promote and support consumer-directed options in three agencies serving different consumer groups. Analyze current rules and policies in order to develop strategies for implementation of new policies.
- Develop manuals, training curriculum, and marketing materials for staff, providers, and consumers.
- Develop procedures through which consumers/consumer representatives are able to direct the provision and management of their own services and supports.
- Develop system components, such as: support coordination, fiscal agents and an equivalency system for the purchase of services.
- Implement and evaluate a pilot consumer-directed option program at two sites.
- Develop a marketing plan and reporting mechanisms for tracking progress of the program.
- Evaluate the program.

Key Activities and Products

- Develop a new Information and Referral System.
- Develop manuals, training curriculum, and marketing materials for use by staff, providers, and consumers regarding consumer choice and consumer-directed care options.
- Develop procedures for consumers / consumer representatives to use in directing the provision and management of services and supports.

- Develop a social marketing plan about consumer-directed services targeted to the Advisory Committee members, agency staff, consumers, and local providers.

Consumer Partners and Consumer Involvement in Planning Activities

The goals and design of the grant proposal were built upon issues identified by consumers and advocates during the Olmstead planning process. Consumers and advocates also reviewed the proposal during several meetings preceding formal submission.

Consumer Partners and Consumer Involvement in Implementation Activities

As part of the State and Local Advisory Committees, consumers will serve on various subcommittees that will directly influence the implementation of grant activities. Consumers will participate in the development of the consumer-directed care programs through surveys and participation on development teams for the agencies implementing these pilot programs. They will provide input on the service package to be included for consumer-directed care and the methods for providing those services. They will also be involved in the following activities as part of the State and Local Advisory Committees:

- C Provide guidance in the development and implementation of new policies;
- C Provide ongoing review of the progress of the project;
- C Assist with project evaluation;
- C Review progress reports; and
- C Identify and develop strategies for issue resolution.

Public Partners

- SC Department of Mental Health (SCDMH).
- Continuum of Care for Emotionally Disturbed Children.
- Advisory Committee members (Department of Mental Health, Department of Disabilities and Special Needs, Department of Health and Environmental Control, Long-Term Care Ombudsman, Department of Social Services, Department of Vocational Rehabilitation, SC Developmental Disabilities Council, Area Agencies on Aging).

Private Partners and Subcontractors

- University of South Carolina School of Public Health (Subcontractor).
- University of South Carolina School of Medicine (Subcontractor).
- Technology Solutions, Inc.
- Advisory Committee members (The ARC, SHARE (Mental Health Support Group), Spinal Cord Injury Association, Council for Independent Living, Councils on Aging, AARP, Alzheimer's Association, Family Connection of SC).

Public and Private Partnership Development/Involvement in the Planning Phase

Public Partners

The SC Department of Disabilities and Special Needs, the SC Department of Mental Health and the Continuum of Care for Emotionally Disturbed Children were involved with SCDHHS in the Olmstead Planning activities and participated in many discussions, forums, and focus groups that identified key issues related to persons' abilities to receive and direct services in home and community setting. Additionally, they participated in several meetings with SCDHHS to review the proposal as it was being developed.

Private Partners

Most of the private partners serving on the State Advisory Committee were involved in the grant development process including: The ARC, SC Share (Mental Health Support Group), Spinal Cord Injury Association, Council for Independent Living, Councils on Aging, AARP, Family Connection of SC. As part of the grant development committee, they contributed ideas and participated in the planning discussions. Some reviewed drafts of the grant.

Public and Private Partnership Development/Involvement in Implementation

Public Partners

Public partners primarily will be involved through their participation on the Advisory Committee. As part of the State and Local Advisory Committees, Public Partners will:

- C Provide guidance in the development and implementation of new policies;
- C Provide ongoing review of the progress of the project;
- C Assist with project evaluation;
- C Review progress reports; and
- C Identify and develop strategies for issue resolution.

The Department of Mental Health and the Continuum of Care will participate in the development of the consumer-directed care programs. Working with the technical assistance team, they will develop materials for their staff and consumers and will implement the consumer-directed care programs in two pilot sites. Public partners will also give input into the types of information needed and its presentation on the web-based I&R system, and many will make their staff available to be trained to use the system for their own consumers and families and others who call their agencies for information.

Public partners (e.g., DDSN, DHEC, Vocational Rehabilitation) will work with the department to bring attention to the full breadth of issues faced by persons with disabilities, as well as to further sensitize them to the ways in which their organizations may become more consumer-directed.

Private Partners/Subcontractors

- The University of South Carolina School of Public Health (a subcontractor) will provide technical assistance with design, development, training, and marketing for the *SC Choice* component of the program. They will also assist with the evaluation of *SC Choice*.
- University of South Carolina School of Medicine will provide staff for grant activities.

- Technology Solutions, Inc. will provide assistance with information technology and will supply computer programmers to develop the I&R database system.
- As part of the State and Local Advisory Committees, Private Partners will:
 - C Provide guidance in the development and implementation of new policies;
 - C Provide ongoing review of the progress of the project;
 - C Assist with project evaluation;
 - C Review progress reports; and
 - C Identify and develop strategies for issue resolution.

Oversight/Advisory Committee

- The state level Advisory Committee will comprise persons representing various agencies who serve persons with disabilities and elderly persons as well as consumers of home and community services and their families.
- The local site Advisory Committees will guide the implementation of the *SC Choice* and *SC Access* projects. The purpose of these advisory committees is to build local partnerships that will be critical for successful implementation. The composition of these committees will mirror that of the state committee, ensuring adequate representation of consumers and providers. The committees will review progress reports and identify and develop strategies for issue resolution.

Formative Learning and Evaluation Activities

- Instruments and surveys developed by the Administration on Aging (AoA) under the Performance Outcome Measurement Project will be used to measure the increase in efficiency and consumer satisfaction with the Information & Referral System. The survey will be administered at 6-month and 12- month intervals.
- Consumer-based quality assurance measures currently established within SCDMH and the Continuum of Care for Emotionally Disturbed Children.
- Data and reports from consumer satisfaction surveys will be used to make adjustments and modifications to the project design and implementation strategies.
- Key informant interviews.
- Consumer satisfaction outcome evaluation.

Evidence of Enduring Change/Sustainability

The participating agencies have committed to developing and maintaining methods to ensure that the new policies and procedures will endure beyond the grant period. Many grant activities and products will by definition endure beyond the grant period:

- C Trained Certified Information and Referral Specialists.
- C A statewide Information and Referral System.
- C Permanent changes to Medicaid, SC DMH and Continuum of Care, and operational procedures that support and reinforce consumer choice and control.

Geographic Focus

- *SC Access*, the Information and Referral System, will be implemented statewide.
- *SC Choice* will be piloted in two, yet to be identified, sites.